

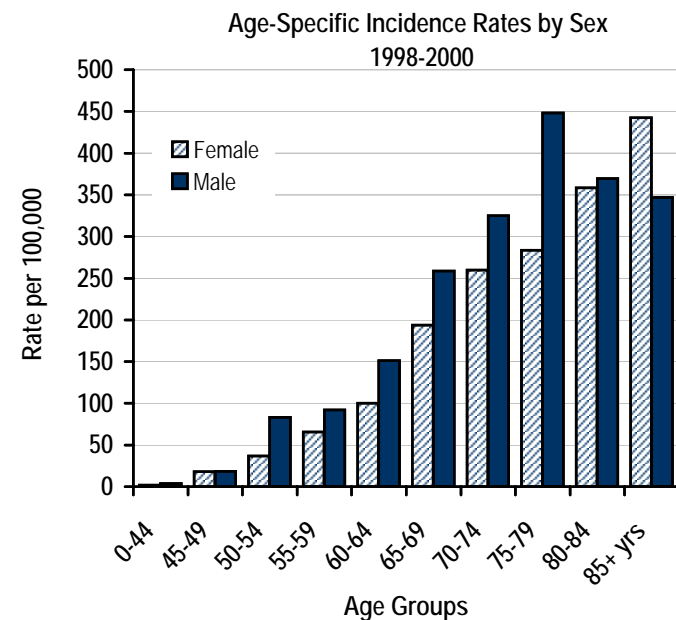


Colorectal Cancer

Clark County and Washington State, 1994 through 2001

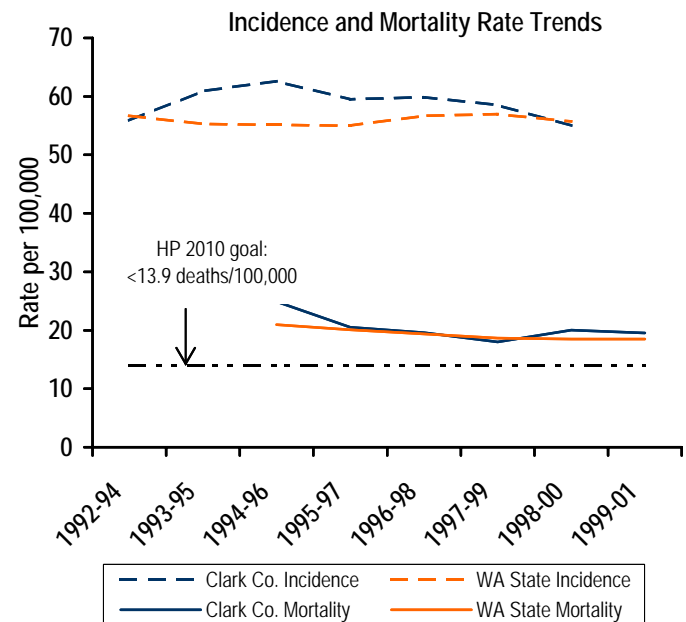
Why we should care:

Colorectal cancer--or cancer of the colon or rectum--is the second leading cause of cancer-related death in the United States (1). When colorectal cancer is diagnosed before spreading, over 90% of patients live beyond five years. When the disease is diagnosed at an advanced stage, over 90% of patients die within five years. (2)



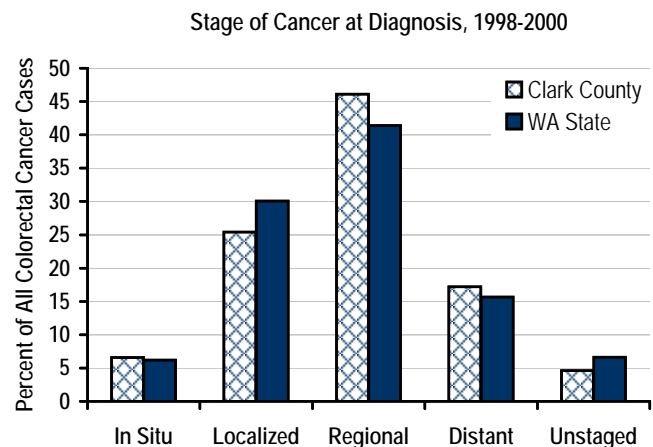
What we can do :

- Factors that contribute to colorectal cancer risk include low fruit and vegetable intake, low fiber and high-fat diet, obesity, physical inactivity (colon cancer only), alcohol consumption and tobacco use. Individuals who consume the recommended quantities of fruits and vegetables and follow other dietary guidelines along with regular exercise will lower their risk of this cancer. (1) Health policies that make it easier for individuals to maintain a healthful lifestyle may also lower the risk of this disease.
- Regular screening beginning at age 50 can prevent colorectal cancer by detecting and removing pre-cancerous growths before they develop into cancer and by finding colorectal cancer early, when it can be most successfully treated. (1) The American Cancer Society or "Screen for Life - The National Colorectal Cancer Action Campaign" can provide more information on screening. (1)



Status:

- After a slight increase in the early and mid-1990's, the colorectal cancer incidence rate in Clark County has declined and is approximately the same as the statewide rate.(3)
- The death rate due to colorectal cancer has declined slightly in Clark County and is similar to the statewide rate, however, neither has achieved the Healthy People 2010 goal of fewer than 13.9 deaths per 100,000 population.(4, 5, 6)
- The colorectal cancer incidence rate increases with age but the risk of this disease is greater among men in almost all age groups.
- In both Clark County and statewide more than half the cases of colorectal cancer diagnosed in 1998-2000 were identified in later stages when the cancer had spread to other parts of the body and the chances of survival were lower.(3)





Colorectal Cancer Incidence and Mortality
Clark County and Washington State, 1992-1994 through 1999-2001

Period	Clark County				Washington State			
	Incidence Rate	No. of Cases	Death Rate	No. of Deaths	Incidence Rate	No. of Cases	Death Rate	No. of Deaths
1992-94	55.9	151	NMF***	-	56.7	2985	NMF***	-
1993-95	60.9	155	NMF***	-	55.3	2989	NMF***	-
1994-96	62.6	153	24.9	165	55.1	2903	21.0	3044
1995-97	59.5	144	20.5	144	55.0	2752	20.1	2990
1996-98	59.9	144	19.6	146	56.7	2697	19.4	2950
1997-99	58.5	133	18.0	140	57.0	2645	18.7	2914
1998-00	55.0	117	20.0	160	55.7	2644	18.5	2956
1999-01	NA***	NA***	19.5	160	NA***	NA***	18.5	3017

Technical notes

Rates:

- Much of public health assessment involves describing the health status of a defined community by looking at changes in the community over time or by comparing health events in that community to events occurring in other communities or the state as a whole. In making these comparisons, we need to account for the fact that the number of health events depends in part on the number of people in the community. To account for growth in a community or to compare communities of different sizes, we usually develop rates to provide the number of events per population unit. The following rates are most commonly used:
 - Crude mortality rates, or death rates, are calculated by dividing the number of deaths due to a certain cause by the population in which the deaths are occurring in a specified period of time such as one year.
 - Age-adjusted death rates are calculated to allow comparisons of death rates between two populations at the same time or the same population at different times. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.
 - Incidence is a way of measuring the risk of a disease in a population. An incidence rate is calculated by dividing the number of new cases of a disease by the population in which the disease is occurring in a defined period of time (e.g. one year) and multiplying this number by 100,000.

Other technical notes:

- * Rate per 100,000 deaths adjusted using the 2000 U.S. Standard Population; deaths coded using ICD 10.
- **NMF = no meaningful figures. Deaths prior to 1994 cannot be accurately recoded using the ICD 10 system and therefore are not considered in these analyses.
- ***NA = data not available at time of printing.

Sources

(1) Centers for Disease Prevention and Control. Colorectal Cancer: The Importance of Prevention and Early Detection. 2002 Program Fact Sheet. Retrieved 4/28/2003 from URL: <http://www.cdc.gov/cancer/colorctl/colorect.htm>. (2) Washington State Department of Health. The Health of Washington State. Colorectal Cancer. Olympia, WA, 2002, Aug [cited 2003 May 13] 418p. Available from <http://www.doh.wa.gov/HWS>. (3) Washington State Cancer Registry Data Online, Cancer Incidence Data, 1992-2000. Olympia, WA: Washington State Department of Health, Washington State Cancer Registry. Retrieved from <http://www3.doh.wa.gov/WSCR/ASP/WSCRQry.asp> in May 2003. (4) Vital Registration System, Annual Statistics Files, Deaths 1980-2001. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (5) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2003). VistaPHw (Version 3.1.1) [Computer software for public health assessment]. Seattle, WA. (6) U.S. Department of Health and Human Services, Centers for Disease Prevention and Control, Healthy People 2010 Objective 3-5: Reduce colorectal cancer death rate to no more than 13.9 deaths per 100,000 population.